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26522 La Alameda Avenue, Suite 360  
Mission Viejo, California 92691  
tel: (949) 282-1000  
fax: (949) 282-1002

**FACSIMILE TRANSMISSION COVER SHEET**

Date: November 28, 2006

To: United States Patent and Trademark Office  
Examiner: Holton, Steven E.; Art Unit: 2629

Fax: (571) 273-8300

Re: **Application Serial No.: 10/660,818**  
Filing Date: 9/12/2003; First-Named Inventor: McKay  
Attorney Docket No.: 0270101

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 28

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated June 28, 2006. Also, enclosed please find Declaration Under 37 C.F.R. §1.131

Payment for Second Month Extension Fee and Extra Claim Fee in the Amount of \$1,450.00 is hereby enclosed on Form PTO-2038.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

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Attorney Docket No.: 0270101

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: McKay, BrentSERIAL NO.: 10/660,818 FILED: 9/12/2003FOR: Display Panels and Methods and Apparatus for Driving the SameHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$ 225.00
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ TOTAL EXTENSION FEE \$ 225.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	61	MINUS **20	* = 41	x 50	x 25	\$ 1,025.00
INDEPENDENT	7	MINUS ***5	* = 2	x 200	x 100	\$ 200.00
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 1,225.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- ☒ Enclosed is the total fee of \$ 1,450.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

11/28/06

By:

  
Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

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11/28/06

Date:



Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Farshad Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

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